EBT Tracking / Distribution Model Form

Case Name _____   Date _____

Case Number _____

☐ **EBT Card Video Training Needed**   ☐ **ARU Video Training Needed**

☐ **Vault Card**   **Cardholder type:**   ☐ **PP**   ☐ **AP**   ☐ **AB**

1. Is the customer a current Wisconsin QUEST cardholder for this case? (Check BIET)   Y/N
2. If yes, go to 7. If no, go to 3.
3. Has CARES determined that this is an expedited FS issuance?   Y/N
4. If yes, go to 5. If no, stop.
5. Is this the primary person (PP) or alternate payee (AP)? Y/N
6. If yes, check the "Expedited FS Case" box . If no, stop.
7. Does the customer need a replacement card? Y/N
8. If yes, go to 9. If no, stop.
9. Is this an emergency? Y/N
10. If yes, check the "Emergency Replacement Card" box. If no, stop.

☐ **Expedited FS Case**   **or**   ☐ **Emergency Replacement Card**
        (BIPN)   (CSI Card Replacement Screen)

Cardholder Name _____

Vault Card PAN # _____

☐   **Convert Balance of Food Stamp Benefits to Coupons**

Check one
SS Number _____   ☐ 1. Moved out of EBT Project Area.
                                                         Note: The ESS requests a county transfer.
                                               ☐ 2. Moved out of state.

Note: The ESS must be sure the address has been updated in CARES & must request a FS/ID card on BIID.

☐   **Re-Activate Dormant EBT Account**

        PAN Number _____

EBT | **EBT Repayment**

    SSN _____   Amount _____

Requesting Worker _____ Date _____ Action Taken By _____ Date _____

Distribution:
White- To EBT Admin. Staff, return to ESS after completion
Yellow- ESS Control Copy

3/20/00